

INPROCESSING DOCUMENTS

Please bring the following documents with you.

DA 31

COPY OF PCS ORDERS

COPY OF ARC CERTIFICATE

201 FILE:

1ST ENLISTMENT CONTRACT

LAST NCOER

PROMOTION PACKET

PT TEST / WEIGHT CONTROL WORKSHEET

RANGE CARD

UPDATED SGLI / EMERGENCY CONTACT
INFORMATION

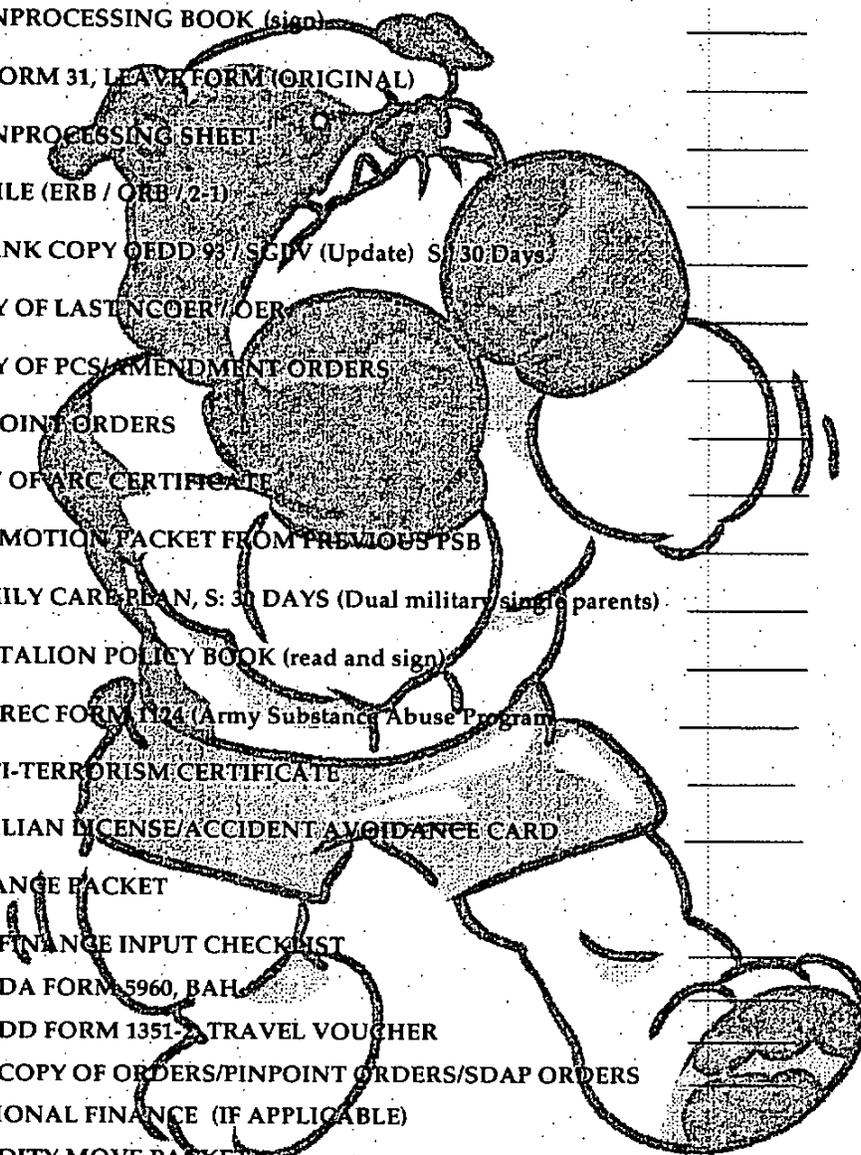
**WELCOME TO RALEIGH RECRUITING BATTALION!
S-1 INPROCESSING CHECKLIST**

Rank / Name: _____

Social Security # _____

Date of Arrival: _____

Recruiting Station Assignment/RSID _____

- 
1. S-1 INPROCESSING BOOK (sign) _____
 2. DA FORM 31, LEAVE FORM (ORIGINAL) _____
 3. S-1 INPROCESSING SHEET _____
 4. 201 FILE (ERB / ORB / 2-1) _____
 5. BLANK COPY OEDD 93 / SGIIV (Update) S: 30 Days _____
 6. COPY OF LAST NCOER // OER _____
 7. COPY OF PCS / AMENDMENT ORDERS _____
 8. PINPOINT ORDERS _____
 9. COPY OF ARC CERTIFICATE _____
 10. PROMOTION PACKET FROM PREVIOUS PSB _____
 11. FAMILY CARE PLAN, S: 30 DAYS (Dual military / single parents) _____
 12. BATTALION POLICY BOOK (read and sign) _____
 13. USAREC FORM 1124 (Army Substance Abuse Program) _____
 14. ANTI-TERRORISM CERTIFICATE _____
 15. CIVILIAN LICENSE / ACCIDENT AVOIDANCE CARD _____
 16. FINANCE PACKET
 FINANCE INPUT CHECKLIST
 DA FORM 5960, BAH
 DD FORM 1351-2, TRAVEL VOUCHER
 COPY OF ORDERS / PINPOINT ORDERS / SDAP ORDERS
ADDITIONAL FINANCE (IF APPLICABLE)
 DITY MOVE PACKET
 DD FORM 2560, ADVANCE PAY
 CLAIM FOR TLE
 DA FORM 31, PTDY
 DD 1561 FAMILY SEPARATION (NEED 1610)

RALEIGH RECRUITING BATTALION S1 INPROCESSING SHEET

Name: _____ ETHNIC GROUP: _____
 Rank: _____ Social Security # _____ ARRIVAL DATE: _____
 Status: RA / AGR STATION/RSID: _____
 Sex: M/F MARITAL STATUS: _____
 DOB: _____ ARC COMPLETION DATE: _____
 DATE OF LAST REENLISTMENT: _____ DATE OF LAST EVALUATION: _____
 PMOS: _____

PREVIOUS AWARDS: LOM _____ MSM _____ ARCOM _____ AAM _____ GCM _____
 HIGHEST MILITARY EDUCATION COMPLETED: PLDC _____ BNCOC _____ ANCOC _____ 1SG CRS _____
 CSC _____ (required for all 1SGs, GSMS, and Cdrs) Other _____
 HIGHEST CIVILIAN EDUCATION COMPLETED: GED _____ HS GRAD _____ COLLEGE _____
 DEGREE (if applicable) ASSOC _____ BACH _____ OTHER _____

15. Have you been to OIR or OEF? If so, date of return from deployment? Y ___ N ___
 dates _____ to _____
16. Did you and your spouse have reunion training? If so, when? Y ___ N ___ When _____

FAMILY MEMBER DATA

# OF DEPENDENTS (ADULT) _____	# OF DEPENDENTS (CHILD) _____		
NAME OF DEPENDENTS	DOB	SEX	PRIMARY CARE GIVER
1. _____			
2. _____			
3. _____			
4. _____			
5. _____			
6. _____			

ADDRESS OF DEPENDENTS (IF DIFFERENT) _____

SOLDIER'S ADDRESS _____
 PHONE NUMBER: _____

RALEIGH RECRUITING BATTALION BATTALION IN-PROCESSING CHECKLIST FOR



RANK	LAST NAME	FIRST NAME	SOCIAL SECURITY NUMBER		
1. ADMIN					
		DATE	BRIEFER'S INITIAL	REMARKS	
				APPT WITH LTC/SOCIAL ROSTER	
				BANK OF AMERICA VISA	
				HEALTH BENEFITS	
				AFTB LEVEL 1&2 TRAINING	
				INTRODUCTION TO CSM	
				INTRODUCTION TO CDR	
2. SECURITY					
				INITIAL SECURITY BRIEFING	
				SF 312	
				LAPTOP SECURITY	
3. SUPPLY					
				SAFETY BRIEFING	
				DA FORM 348	
				COPY OF CIV DRIVER'S LICENSE	
				UPDATE CLOTHING RECORD	
				ACCIDENT AVOIDANCE COURSE	
				MOTORCYCLE SAFETY COURSE	
				(USAREC FORM 1236)	
				DO YOU OWN, PLAN TO OWN, OR RIDE A MOTORCYCLE?	
				Y _____ N _____	
4. INFORMATION MANAGEMENT					
				AIS SECURITY BRIEFING	
				ISSUE PKI	
				LAPTOP CONFIGURATION	
				USAAC FORM 101	
5. RECRUITER TRAINERS					
				PT CARD	
				SCHOOLS	
				NEW RECRUITER HANDBOOK	
6. FACILITIES					
				CELLULAR PHONE	

SOLDIER'S SIGNATURE

S-1 SIGNATURE AND DATE

FINANCE INPUT CHECKLIST

NAME _____ SSN _____ RANK _____ DATE _____

LD02 STOP _____

1. SB03 DTLV START _____ STOP _____ LV TYPE _____ LV AUTH# _____

2. SB03 DTLV START _____ STOP _____ LV TYPE _____ LV AUTH# _____

3. SB03 DTLV START _____ STOP _____ LV TYPE _____ LV AUTH# _____

4. SB03 DTLV START _____ STOP _____ LV TYPE _____ LV AUTH# _____

5. 3503 START _____ STOP _____ QTR ASSG _____ QTR ADQ _____ NBR DEP _____

CLOST DEP _____ DOB YOUNGEST CHILD _____ PCS BAQ RATE _____

6. 3501 START _____ QTR ASSG _____ QTR ADQ _____ NBR DEP _____ CLOST DEP _____

DOB YOUNGST CHILD _____

7. 3504 START _____ QTR ASSG _____ QTR ADQ _____ NBR DEP _____ CLOSTDEP _____

DOB YOUNGEST CHILD _____

8. 3502 STOP _____ QTR ASSG _____ QTR ADQ _____ NBR DEP _____ CLOST DEP _____

9. 6801 START _____ ZIP CODE _____ ACCOM _____ RENT \$1.00 SHARE NBR _____ 1 _____

RENT STAT _____ R _____

10. SG03 DT ARRIV _____ TRAV _____

DATE DEP _____ TDY _____

MOVN RSN _____ PROCEED DAYS _____

DUTY COUNTRY _____ US _____ ZIP CODE _____

FORN DUTY PAY _____ ACC STAT _____

DUTY COUNTRY _____ BAQ TYPE _____

ARRV DEPR CODE _____ A _____

DEP CONUS _____ SUBS ALLW BLANK _____

11. SC04 SITE ID _____ PACID _____ PRA INDCTR _____

12. 3503 START _____ STOP _____ QTR ASSG _____ QTR ADQ _____ NBR DEP _____

CLOST DEP _____ DOB YOUNGEST CHILD _____ PCS BAQ RATE _____

13. 6801 START _____ ZIP CODE _____ ACCOM _____ RENT \$1.00 SHARE NBR _____ 1 _____

RENT STAT _____ R _____

14. 1502 STOP _____ HALO _____

15. 1402 STOP _____ PAY QUAL _____

16. 4001 START _____ ALLOW TYPE _____ S _____

17. DN01 START _____ MEAL DEDUCTION TYPE _____ 1 _____

ADSN 4842 CYCLE# _____ TRANSACTION# _____

AUTHORIZATION TO START, STOP, OR CHANGE BASIC ALLOWANCE FOR QUARTERS (BAQ), AND/OR VARIABLE HOUSING ALLOWANCE (VHA) For use of this form, see AR 37-104-4; the proponent agency is ASA (FM)				PRIVACY ACT STATEMENT			
1. NAME (Last, First, MI)				AUTHORITY: 37 USC 403; Public Law 96-343; EO 9397.			
2. SOCIAL SECURITY NUMBER		3. GRADE		PRINCIPLE PURPOSE: To start, adjust or terminate military member's entitlement to basic allowance for quarters (BAQ) and/or variable housing allowance (VHA).			
4. TYPE OF ACTION				ROUTINE USE: To adjust member's military pay record, information may be disclosed to Army components, such as USAFAC, major commands, and other Army installations; to other DOD components; other federal agencies such as IRS, Social Security Administration and VA, GAO, members of Congress; State and local government; US and State courts, and various law enforcement agencies. Social Security Number (SSN) is used for positive identification.			
START		CANCEL		CHANGE		REPORT	
CORRECT		STOP		RECERTIFICATION			
5. DUTY LOCATION (Include Station, Name, City, State, and Zip Code)				6. DATE/ACTION (YYMMDD)		7. BAO TYPE	
						WITH DEPENDENTS <input type="checkbox"/> PARTIAL <input type="checkbox"/>	
						WITHOUT DEPENDENTS <input type="checkbox"/>	
8. MARTIAL/DEPENDENCY STATUS				9. QUARTERS ASSIGNMENT/AVAILABILITY			
<input type="checkbox"/> a. SINGLE		<input type="checkbox"/> b. MARRIED (see blocks (1), (2) & (3))		<input type="checkbox"/> c. DIVORCED (see blocks (1), (2) & (3))		<input type="checkbox"/> a. ADEQUATE (see block (1))	
<input type="checkbox"/> d. LEGALLY SEPARATED (see blocks (1), (2) & (3))		<input type="checkbox"/> e. DEPENDENT CHILD (see blocks (4), (5) & (6))		<input type="checkbox"/> c. TRANSIENT (see block (3))		<input type="checkbox"/> b. INADEQUATE (see blocks (1), (2) & (4))	
(1) Spouse/Former Spouse SSN		(2) Spouse/Former Spouse Duty Station		(3) Date of Marriage, Divorce/Separation		(1) QUARTERS NO. _____	
(4) Child in Custody of: <input type="checkbox"/> Member <input type="checkbox"/> Spouse <input type="checkbox"/> Former Spouse <input type="checkbox"/> Other						(2) FAIR RENTAL VALUE \$ _____	
(5) If you check "OTHER" above, prepare DD Form 137 to establish dependency.				(3) FROM: _____ TO: _____			
(8) If child support received from another military member, complete (1), (2) & (3).				(4) <input type="checkbox"/> MEMBER ELECTION (Member in grade E7 and above) <input type="checkbox"/> COMMANDER DETERMINATION (Attached)			
10. DEPENDENTS/SHARERS (Continue on back if required)							
NAME OF DEPENDENT/SHARER		COMPLETE CURRENT ADDRESS (Include ZIP Code)			RELATIONSHIP		DOB OF CHILDREN
11. CERTIFICATION OF DEPENDENT SUPPORT							
<input type="checkbox"/> I certify that I provide, or am will to provide adequate support for the above named dependents. I am aware that failure to support the above named dependents may result in stopping BAQ and recouping BAQ for any prior periods/nonsupport.							
<input type="checkbox"/> IAW service regulations, I certify that the dependency status of my primary dependents, on whose behalf I am receiving BAQ, has not changed so as to affect my entitlement thereto for the period _____							
12. EXPENSES, IF AUTHORIZED, I AM REQUESTING VHA BASED ON							
My permanent duty station:		My dependent's location:		Both my permanent duty station and dependent's location.			
a. Monthly Expenses:		Member		Dependent		b. Share/Lease Information	
(1) Mortgage (PITI) or Rent						c. Address Information	
(2) Insurance						(1) Rental/Residential Address:	
(3) Other						(1) Landlord's Name and Address:	
TOTALS						(2) Effective Date: (3) Expiration Date: (2) Landlord's Phone No.	
						(4) Number of Sharers (show name(s) and address in block 10.)	
I certify ALL information regarding this authorization is correct. I will immediately notify the FAO/HRO of any changes in the information above, due to divorce, marriage, death, living in government quarters etc, which could affect by BAQ or VHA entitlement. IMPORTANT: Making a false statement or claim against the US Government is punishable by courts-martial. The penalty for willfully making a false claim or a false statement in connection with claims is a maximum fine of \$10,000 or imprisonment for 5 years, or both.							
13. MEMBER'S SIGNATURE				14. DATE		15. CERTIFYING OFFICER'S SIGNATURE	
						16. DATE	

PRIVACY ACT STATEMENT

AUTHORITY: 5 U.S.C. Section 5701, 37 U.S.C. Sections 404 - 427; 5 U.S.C. Section 301, DoDFMR 7000.14-R, Vol. 9, and E.O. 9397.

PRINCIPAL PURPOSE(S): This record is used for reviewing, approving, accounting, and disbursing money for claims submitted by Department of Defense (DoD) travelers for official Government travel. The Social Security number (SSN) is used to maintain a numerical identification filing system for filing and retrieving individual claims.

ROUTINE USE(S): Disclosures are permitted under 5 U.S.C. 552a(b), Privacy Act of 1974, as amended. In addition, information may be disclosed to the Internal Revenue Service for travel allowances, which are subject to Federal income taxes, and for any DoD "Blanket Routine Use" as published in the Federal Register.

DISCLOSURE: Voluntary; however, failure to furnish the information requested may result in total or partial denial of the amount claimed.

PENALTY STATEMENT

There are severe criminal and civil penalties for knowingly submitting a false, fictitious, or fraudulent claim (U.S. Code, Title 18, Sections 287 and 1001 and Title 31, Section 3729).

INSTRUCTIONS

ITEM 1 - PAYMENT

Member must be on electronic funds (EFT) to participate in split disbursement. Split disbursement is a payment method by which you may elect to pay your official travel card bill and forward the remaining settlement dollars to your pre-designated account. For example, \$250.00 in the "Amount to Government Travel Charge Card" block means that \$250.00 of your travel settlement will be electronically sent to the charge card company. Any dollars remaining on this settlement will automatically be sent to your pre-designated account. Should you elect to send more dollars than you are entitled, "all" of the settlement will be forwarded to the charge card company. Notification: you will receive your regular monthly billing statement from the Government Travel Charge Card contractor; it will state: paid by Government, \$250.00, 0 due. If you forwarded less dollars than you owe, the statement will read as: paid by Government, \$250.00, \$15.00 now due. Payment by check is made to travelers only when EFT payment is not directed.

REQUIRED ATTACHMENTS

1. Original and/or copies of all travel orders/authorizations and amendments, as applicable.
2. Two copies of dependent travel authorization if issued.
3. Copies of secretarial approval of travel if claim concerns parents who either did not reside in your household before their travel and/or will not reside in your household after travel.
4. Copy of GTR, MTA or ticket used.
5. Hotel/motel receipts and any item of expense claimed in an amount of \$75.00 or more.
6. Other attachments will be as directed.

ITEM 15 - ITINERARY - SYMBOLS

15c. MEANS/MODE OF TRAVEL (Use two letters)

GTR/TKT or CBA (See Note)	- T	Automobile	- A
Government Transportation	- G	Motorcycle	- M
Commercial Transportation		Bus	- B
(Own expense)	- C	Plane	- P
Privately Owned		Rail	- R
Conveyance (POC)	- P	Vessel	- V

Note: Transportation tickets purchased with a CBA must not be claimed in Item 18 as a reimbursable expense.

15d. REASON FOR STOP

Authorized Delay	- AD	Leave En Route	- LV
Authorized Return	- AR	Mission Complete	- MC
Awaiting Transportation	- AT	Temporary Duty	- TD
Hospital Admittance	- HA	Voluntary Return	- VR
Hospital Discharge	- HD		

ITEM 15e. LODGING COST

Enter the total cost for lodging.

ITEM 19 - DEDUCTIBLE MEALS

Meals consumed by a member/employee when furnished with or without charge incident to an official assignment by sources other than a government mess (see JFTR, par. U4125-A3g and JTR, par. C4554-B for definition of deductible meals). Meals furnished on commercial aircraft or by private individuals are not considered deductible meals.

28. REMARKS

- a. INDICATE DATES ON WHICH LEAVE WAS TAKEN:
- b. ALL UNUSED TICKETS (including identification of unused "e-tickets") MUST BE TURNED IN TO THE T/O OR CTO.

ADVANCE PAY CERTIFICATION/AUTHORIZATION

Privacy Act Statement

AUTHORITY: 37 U.S.C. 1006 et seq; E.O. 9397 November 1943 (SSN).

PRINCIPAL PURPOSES: To document a member's request for, and subsequent authorization of, an advance of pay to meet extraordinary expenses incident to a PCS move. It is also used to inform the member of the purposes and restrictions of such advances, and to establish repayment schedules.

ROUTINE USES: Information collected on this form becomes part of the Joint Uniform Military Pay System (JUMPS), and Reserve component pay systems and is subject to all of the routine disclosures which are more fully described in Service regulations. Routine recipients of JUMPS disclosures include, but are not limited to, Red Cross, State and local government for tax and welfare purposes.

DISCLOSURE: Voluntary; however, failure to provide the SSN will result in denial of payment since it is used to identify you for pay purposes.

PART I. REQUEST

1. NAME (Last, First, Middle Initial)		2. SOCIAL SECURITY NO.	3. GRADE
4. I REQUEST:		5. I REQUEST A REPAYMENT SCHEDULE OF:	6. I REQUEST PAYMENT OF THE ADVANCE PAY:
a. ONE MONTH ADVANCE PAY (See Policy Guidance on reverse.)		a. 12 MONTHS OR LESS (Specify number of months)	a. WITHIN 30 DAYS OF PCS OR 90 DAYS AFTER REPORTING TO MY NEXT PDS.
b. MORE THAN 1 MONTH BUT LESS THAN 3 MONTHS BASIC PAY LESS DEDUCTIONS (Parts II and V must be completed.) (Specify amount) \$		b. 13 - 24 MONTHS (Parts III and V must be completed regardless of pay grade. NOTE: Repayment schedule cannot exceed member's date of separation.) (Specify number of months)	b. 31 - 90 DAYS BEFORE MY PCS (Parts II and V must be completed.)
			c. 61 - 180 DAYS AFTER ARRIVAL AT MY PDS (Parts II and V must be completed.)

PART II. CERTIFICATION OF EXPENSES (Actual or Anticipated) (Continue in Item 23 on reverse if necessary.)

7. EXPENSE	8. AMOUNT	10. EXPLANATION OF THE CIRCUMSTANCES WHERE GREATER-THAN-NORMAL EXPENSES MIGHT BE INCURRED OR CIRCUMSTANCES REQUIRING AN EARLY OR LATE PAYMENT OF ADVANCE PAY (Up to 90 days before and 180 days after).
a.	\$	
b.	\$	
c.	\$	
d.	\$	
e.	\$	
f.	\$	
9. TOTAL	\$ 0.00	

PART III. JUSTIFICATION FOR MORE THAN 12 MONTHS PAYBACK

(Justification must demonstrate that severe hardship would result if the advance is paid back in 12 months)

11. NO. OF DEPENDENTS	12. LIST SPECIFICS OF YOUR FINANCIAL SITUATION, INCLUDING OUTSTANDING DEBTS AND MONTHLY PAYMENT AMOUNTS THAT INDICATE A SEVERE HARDSHIP IN REPAYING THE ADVANCE IN THE NORMAL 12-MONTH TIME PERIOD (Continue in Item 23 on reverse if necessary.)

PART IV. MEMBER CERTIFICATION

Penalty: The penalty for willfully making a false claim/statement is a maximum of \$10,000 or maximum imprisonment of five years, or both (U.S. Code, Title 18, Section 287).

If I am separated prior to my ETS, I consent to withholding from current pay, final pay, or any other money due me to satisfy this indebtedness. I further consent to such withholding at a rate sufficient to satisfy this indebtedness no later than my separation, and understand that this could result in the withholding of 100% of any current pay, final pay, or other money due me.

I have read and understood the policy on advance pay incident to a PCS contained on the reverse of this form. I hereby certify that the intended use of these funds meets the stated purpose. I have attached one copy of my PCS orders or assignment notification.

13. SIGNATURE	14. DATE (YYMMDD)

PART V. APPROVAL OF MEMBER'S COMMANDER

15. I HEREBY APPROVE THIS REQUEST FOR ADVANCE PAY OF:	16. WITH LIQUIDATION OVER:	17. AND PAYMENT OF THIS ADVANCE:
	a. 12 MONTHS OR LESS (Specify number of months)	a. WITHIN 30 DAYS OF PCS OR 90 DAYS AFTER REPORTING AT PDS
	b. 13 - 24 MONTHS (Specify number of months)	b. NOT PRIOR TO _____ (date) WHICH IS 31 - 90 DAYS BEFORE PCS
a. ONE MONTH BASIC PAY LESS DEDUCTIONS		c. 61 - 180 DAYS AFTER REPORTING TO NEW PDS
b. AN AMOUNT SPECIFIED NOT TO EXCEED 3 MONTHS BASIC PAY LESS DEDUCTIONS (Specify amount) \$		
18. APPROVING OFFICIAL NAME (Last, First, Middle Initial)	19. SIGNATURE OF OFFICIAL	
20. TITLE	21. GRADE	22. DATE (YYMMDD)

23. REMARKS

POLICY GUIDANCE

The purpose of an advance of pay incident to PCS is to provide a Servicemember with funds to meet the extraordinary expenses of a Government-ordered relocation, per DODPM Part 4.

An advance of pay shall not be authorized for the specific out-of-pocket expenses covered by advances of other pays and entitlements if such advances are used. The Servicemember may be authorized an advance of pay to the extent that incurred or anticipated expenses exceed those covered by the following advances or reimbursements, or are outside the scope of those entitlements:

- a. Overseas station housing allowance;
- b. Servicemember and/or dependent travel allowances and per diem;
- c. Dislocation allowance;
- d. Basic allowance for quarters and/or variable housing allowance.

An advance of pay for a PCS move in the same geographic area of a Servicemember's prior duty station, or place from which ordered to active duty, is only authorized when the Servicemember moves his/her household effects at Government expense. Proof of HHG shipment is required before advance pay for PCS moves in the same geographic area is paid.

An advance is not intended to provide funds for such items as investments, vacations, or the purchase of consumer goods that are not the result of direct expenses resulting from the Servicemember's PCS orders. Except under extraordinary conditions, an advance pay must be repaid before an advance for a subsequent PCS may be paid.

Servicemembers should consult appropriate Service regulations concerning grade levels requiring Commander's approval of a PCS advance that does not exceed 1 month's pay.

AIR FORCE MEMBERS ONLY: E4/SRA and below must have Commander's approval for all PCS advance pay payments.

Claim for Temporary Lodging Expense

Data required by the Privacy Act of 1974 Authority: JFTR, par U5700. Principle Purpose: To establish the amount payable for Temporary Lodging Expense Allowance. Routine Uses: Reference is used to substantiate payment of Temporary Lodging Expense Allowances. DISCLOSURE: Mandatory. Failure to provide information will result in the loss of requested revenue.

Rank	Name (last name first)	SSN	Home Phone
Mailing Address: Number & Street		City/State	Zip Code
Current Unit Assignment			Unit Phone

Marital Status (circle one): Single Divorce Married Dual Military	If Military, Spouse's SSN:	Spouse's Current Duty Station
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Did you stay in off post lodging: Yes or No Statement of non-availability # _____	(without an SNA# from housing you are only authorized reimbursement for the on-post rate)
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LIST DEPENDENTS YOU ARE CLAIMING TLE FOR:			
Name	Relationship	Date of Marriage	Date of Birth

Date HHG Picked Up:	Did you do a DITY move? Yes or No
Date HHG Delivered	If Yes, what date?

LODGING INFORMATION

PCS VOUCHER, ORIGINAL LODGING RECEIPTS, AND A FULL COPY OF ORDERS MUST BE ATTACHED TO THIS FORM.

I hereby certify that I was required to obtain temporary lodging for the following days:

DAY	Date	Location of Lodging (City & State)	Daily Lodging Costs	# Persons Claimed		
				SM	Over 12	Under 12
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

Date terminated quarters (if applicable):
Date assigned quarters (if applicable):
Departure date from old duty station:
Arrival date at new duty station:

SIGNATURE OF SERVICE MEMBER:	DATE:
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This payment will be made electronically to your current direct deposit account:		
Signature of Finance Clerk	Date:	Time: